## COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF MENTAL HEALTH

## NOTIFICATION OF TRANSFER M.G.L. Chapter 123, Section 3

_City/Town:	State:	
Date	e of Birth:	Sex: M
of(nam	ne of facility)	
•	• •	should be
	•	
STATUS (M.G.L. c. 1) ISSION STATUS, you to the transfer may not ce requirement. Plea  RY ADMISSION STAT  CONDITIONAL VOLUMENT transfer will take play to ase check the appropriate to the core cour three-day notice to the total to this facility, if the tent. If your commitments can be made. (In ty, and the commitments of facility to which you	I23, ss. 10 &11): If you may agree to or object proceed without you se check the appropriate (M.G.L. c. 123, UNTARY ADMISSION of the analysis of the facility are fit is determined that ent is ordered, you with petition will be filed are transferred.)	you are at this ject to this r agreement. riate line and ss. 10 & 11): N STATUS ay waive the a the back of STATUS and will either: and discharge and file a ryou meet the ill be reafter as may be in the court
	continued the state of the stat	reatment, it has been determined that you for the following researcher, it has been determined that you for the following researcher, it has been determined that you for the following researcher for the following researcher for the following researcher for the following researcher for the interest of

Form NT-3 page 1 Effective March 2, 2005

	CIVIL COMMITMENT STATUS (M.G.L. c. 123, s. 7 & 8): If you are a CIVIL COMMITMENT STATUS, you will be transferred, as stated		
	ce the six day notice requirement is met. If you agree to waive the s		
	quirement, you will be transferred as soon as it can be arranged. <i>Ple</i>		
app	propriate line and sign this notice below.		
	THREE DAY COMMITMENT STATUS (M.G.L. c 123, ss. 12(b) or	12(e): If you are	
	this facility on a THREE DAY COMMITMENT STATUS and you:		
	agree to the transfer, your transfer will take place as stated in this no		
	ree to waive the six day notice requirement, you will be transferred a		
	arranged. Please check the appropriate line and sign this notice bel	OW.	
2. ( a.	object to the transfer, I will either: discharge you to the community on or before the expiration date	e of your three	
a.	day commitment authorization; or	ic or your times	
b.	file a commitment petition. If it is determined that you meet the	e standards for	
	commitment and your commitment is ordered, you will be trans		
	following your commitment, or as soon thereafter as appropriat		
	can be made.		
	u may, but are not required to, check the appropriate line and sign th	is notice below to	
	licate your objection to this transfer.		
	CIVIL COMMITMENT WITH CRIMINAL CHARGES STATUS (M.G		
	, 16, 17 or 18): If you are at this facility on a CIVIL COMMITMENT		
	ARGES STATUS, you will be transferred once the six day notice re		
	quirement of notice to the Court, District Attorney's Office, and/or De rrections facility, which have jurisdiction over your case, have been		
	ive the six days notice. <i>Please check the appropriate line and sign t</i>		
wai	ive the six days hotice. Thease check the appropriate line and sign t	riis riolice below.	
	his transfer is being (has been) made on an emergency basis, as de ecause your condition cannot be appropriately treated at this facility,		
Signature of	of Superintendent (or other head) of facility		
	(signature)		
Superintend	dent (or other head) of facility		
T'0 -	(print name)		
Title:	Date:		
******	*************************	******	
I have recei	eived notice of the facility's intent to transfer me and I:		
	_ agree to this proposed transfer.		
	$\_$ agree to this proposed transfer and waive the six-day notice of tran	nsfer requirement.	
	object to this proposed transfer.		
0: .			
Signature:_	atient, parent of a minor or guardian with authority to admit)	/data\	
(pa	atient, parent of a minor or guardian with authority to admit)	(date)	
Witness:			
******	**********************	******	
If patient refuses to sign, please complete below.			
On this date	e, I gave a copy of this notice to the patient to whom the notice is ac	ldressed:	
/0:=-	nnature) (date)		
. ISIM	manner (March		

A COPY OF THIS NOTICE MUST BE GIVEN TO THE PATIENT, THE PATIENT'S GUARDIAN, IF ANY, AND THE PATIENT'S NEAREST RELATIVE UNLESS THE PATIENT KNOWINGLY OBJECTS. THE ORIGINAL NOTICE, WITH THE PATIENT'S ORIGINAL LEGAL STATUS DOCUMENTS ATTACHED, MUST BE PLACED IN THE PATIENT'S MEDICAL RECORD AT THE RECEIVING FACILITY. THE SENDING FACILITY MUST KEEP COPIES FOR ITS OWN PATIENT RECORD.